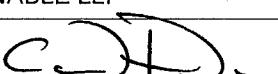


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/082,354-Conf. #2756
		Filing Date	February 26, 2002
		First Named Inventor	Brian Jacobsen
		Art Unit	2175
		Examiner Name	J. N. Abel
Total Number of Pages in This Submission		Attorney Docket Number	
		38627-170421	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form SB-17 <input checked="" type="checkbox"/> Transmittal Form SB-21 <input checked="" type="checkbox"/> Amendment and Response <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Amendment Transmittal <input checked="" type="checkbox"/> Request for Continued Examination <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
		<input type="checkbox"/> Remarks

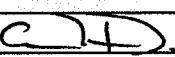
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Cameron H. Tousi		
Date	7/13/2009	Reg. No.	43,197

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	
Fee Transmittal For FY 2009	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT (\$ 405.00)	

<i>Complete if Known</i>	
Application Number	10/082,354-Conf. #2756
Filing Date	February 26, 2002
First Named Inventor	Brian Jacobsen
Examiner Name	J. N. Abel
Art Unit	2175
Attorney Docket No.	38627-170421

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>22-0261</u>				Deposit Account Name: <u>Venable LLP</u>			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				<input checked="" type="checkbox"/> Credit any overpayments			
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) <u>52</u> <u>26</u>							
Each independent claim over 3 (including Reissues) <u>220</u> <u>110</u>							
Multiple dependent claims <u>390</u> <u>195</u>							
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>				<u>Multiple Dependent Claims</u>			
<u>32</u> <u>0</u> <u>26.00</u> <u>0.00</u>				<u>Fee (\$)</u> <u>Fee Paid (\$)</u>			
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>				<u>Fee (\$)</u> <u>Fee Paid (\$)</u>			
<u>4</u> <u>1</u> <u>110.00</u> <u>0.00</u>				<u>Fee (\$)</u> <u>Fee Paid (\$)</u>			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
<u>- 100 =</u> <u>/50 =</u> <u>(round up to a whole number) x</u> <u>=</u> <u>Fees Paid (\$)</u>							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>Request for Continued Examination</u> <u>405.00</u>							

SUBMITTED BY				
Signature			Registration No. (Attorney/Agent)	43,197
Name (Print/Type)	Cameron H. Tousi		Date	7/13/2009